



# Introduction to HCBS Programs

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## Home and Community Based Services (HCBS)

- Available to individuals who need services and supports to stay in their homes, such as
  - Older Iowans
  - Iowans with Disabilities or Chronic Mental Illness
- Supports and services not otherwise available through regular Medicaid
- Also referred to as HCBS: Waivers and Habilitation



## Why HCBS Waivers Exist

- Katie Becket 1982
  - Could not leave hospital due to current Medicaid rules
  - Situation went all the way thru HHS to President Reagan
- Americans with Disabilities Act 1990
- Supreme Court's Olmstead Decision 1999
- Over 30,000 individuals on HCBS in Iowa



## HCBS Concepts

- Waiver services are:
  - Provided for individuals to help them remain in their home and community
  - Designed for the individual needs of the specific member
  - Supported by an interdisciplinary team (IDT) process with the member directing the team
  - Least costly service to meet a member's needs
- Each waiver provides a specific array of services
  - See Comparison Chart handout



## HCBS is Not Intended to:

- Pay housing costs
- Replace responsibility of parents for minor children
- Replace natural supports
- Replace educational services
- Provide services that are not medically necessary
- Provide emergency placement services
- Be for the convenience of the caregiver or member



## Payer of Last Resort

- Waiver pays after:
  - private insurance
  - Medicare
  - supplements, and
  - Medicaid state plan
- Natural supports (family and community) should also be accessed prior to waiver
- Habilitation is a state plan service



## HCBS Eligibility

Must meet all of the following:

- the qualifications for the HCBS program
- Medicaid and program financial eligibility
- the program level of care (LOC)
- has a service need that can be met through the program
- Funding slot is available for the specific program



## HCBS Programs

AIDS/ HIV waiver	Children's Mental Health waiver
Brain Injury waiver	Intellectual Disability waiver
Elderly waiver	Health & Disability waiver
Habilitation	Physical Disability waiver





## HCBS Comparison 7/27/18

Waiver	Age limit	Max monthly \$\$	Fiscal cap	Wait list	Wait list app date
AIDS/HIV	none	\$1876.80	30	none	n/a
Brain Injury	none	\$3,013.08 *	1,438	1,147	6/24/16
CMH	0-18	\$2006.34 *	1,014	771	8/15/17
Elderly	65+	\$1365.78/\$2792.65 *	7,816	none	n/a
ID	None	Unlimited	12,182	1,920	2/17/17
HD	0-64	\$959.50/ \$2792.65/ \$3742.93**	2,321	2,250	2/24/17
PD	18-64	\$705.84 **	1,067	781	11/6/17
Hab	17+	None, State Plan Service	n/a	n/a	n/a



## AIDS/HIV Waiver

- No age limit
- Diagnosis of AIDS/HIV
- NF level of care
- Maximum of \$1,876.80 per month
- Fiscal Funding cap 30; current enrollment 32
- No wait list



## Brain Injury (BI) Waiver

- Age 1 month +, no upper age limit
- Diagnosis of brain injury
- NF, SNF or ICF/MR level of care
- Maximum of \$3,013.08 per month
- Fiscal funding cap 1,438; current enrollment 1,451
- Wait list 1147; next app date 6/24/16



## Children's Mental Health Waiver

- Under age 18
- Diagnosis of serious emotional disturbance
- Hospital level of care
- Maximum of \$2,006.34 per month
- Fiscal funding cap 1,014; current enrollment 1,003
- Wait list 771; next app date 8/15/17



## Elderly Waiver

- Age 65 and older
- NF maximum of \$1,365.78 per month
- SNF maximum of \$2,792.65 per month
- Fiscal funding cap 7,816; enrollment 7,835
- No wait list



## Health & Disability Waiver

- Under age 65; must reapply for Elderly Waiver
- Disabled; SSI related coverage groups
- NF maximum of \$959.50 per month
- SNF maximum of \$2,792.65 per month
- ICF/ID maximum of \$3,742.93 per month
- Fiscal funding cap 2,321; enrollment 2,272
- Wait list 2,250; next app date 2/24/17



## Intellectual Disability Waiver

- No age limit
- Diagnosis of Intellectual Disability
- ICF/ID level of care
- No maximum funding per month other than specific service limitations (IE: respite units, SCL daily rate)
- Fiscal funding cap 12,182; enrollment 12,071
- Wait list 1,920, next app date 2/17/17



## Physical Disability (PD) Waiver

- Age 18 through 64; need to reapply for Elderly Waiver
- Disability as determined by Disability Determination Services
- NF or SNF level of care
- Maximum of \$705.84 per month
- Fiscal funding cap 1,067; enrollment 1,009
- Wait list 781; next app date 11/6/17





## Habilitation Services

- Functional Criteria:
  - Risk factors: psych treatment, hx of psych illness
  - Not employable; needs financial assistance; no social support system; requires assistance with daily life skills
- Enrolled in Medicaid; countable income must not exceed 150 percent of the federal poverty level (FPL).
- no funding cap; enrollment 6,137



## Managed Care

- Most Medicaid members are MCO eligible.
- HCBS applicants may already be MCO if Medicaid enrolled.
- New waiver members may become MCO enrolled after waiver eligibility established.
- Waiver services are funded after member becomes MCO enrolled and a service plan is authorized.
- Applicants and providers should never assume if/when eligibility might be granted or when services will be authorized.



## Waiver vs. Habilitation

- HCBS Waivers:
  - Applicant can apply for waiver even if not currently financially eligible for State Plan Medicaid
  - Waivers have a higher income ceiling than State Plan Medicaid
  - Eligibility for HCBS Waivers also grants the member full State Plan Medicaid benefits
- Habilitation
  - Applicant must be Medicaid enrolled
  - Income ceiling of 150% FPL
  - Eligibility for Habilitation does not grant Medicaid eligibility.



## Slot Release

- Several waivers have wait lists
  - Slots are released ‘first come first serve’
  - ID waiver also uses a Priority Needs Assessment process
- Slot release allows the application process to proceed
- Award of slot does not mean:
  - Applicant is guaranteed waiver eligibility
  - Applicant will receive HCBS services
- Applicants and providers should never assume if/when eligibility might be granted



## Level of Care (LOC) Process

- Core Standardized Assessment (CSA) must be done for each applicant.
  - Assessment is used to determine if applicant meets the program eligibility requirements.
- MCO or DHS CSA contractor coordinates the completion of assessment process.
- The IME determines the initial LOC for all applicants regardless of MCO enrollment.
- DHS then determines financial eligibility.



## Service Plan

- The member-designated interdisciplinary team (IDT) develops a service plan.
- The team consists of the member, case manager, providers, family, and other stakeholders as chosen by the member.
- The service plan is approved by:
  - DHS thru ISIS for FFS members.
  - MCO for MCO enrolled members
- No services are payable unless included in an approved service plan



## Service Plan

The service plan includes, but is not limited to:

- Type(s) of Medicaid and non-Medicaid service(s) the member will receive
- Providers and natural supports
- Goals and needed supports
- Number and cost of service units
- Start and end dates for services
- Rights restrictions
- Health and Safety/Crisis Plan



## Person-Centered Approach

- Assists members in achieving personally defined outcomes
  - Integrated community settings
  - Services that reflect preferences and choices
  - Contributes to assurance of health and welfare
- IDT includes people chosen by the member
- Meetings at times and locations convenient to the member
- Reflects cultural considerations





## Who Can Provide Services?

- Iowa Administrative Code contains the provider eligibility criteria for each service
- Providers must apply for each service and each waiver
- Provider applications available through IME web or Provider Enrollment
  - 800-338-7909 option 2
  - 515-256-4609 option 2